

Board of Directors

Date:	26 September 2018	Attachment Number:	E																
Title of Report:	Integrated Governance Dashboards																		
Purpose of the report and the key issues for consideration/decision:	<p>The Integrated Governance Dashboards measure performance against a range of objectives and performance indicators, based on key milestones in the Annual Plan or external frameworks. The reports cover the following areas;</p> <ul style="list-style-type: none"> • Summary of Overall Performance • Finance and Performance • Safety, Quality, Patient Experience and Clinical Outcomes • Service Developments and Transformation • Staff Engagement and Workforce Development • Business Development <p>These monthly reports ensure there is a rounded view of the current position across a range of key areas and help assess whether performance in one area is affecting that in another.</p>																		
Prepared by:	Stuart Shaw, Head of Planning and Performance																		
Presented by:	Andrew Copley, Director of Finance																		
Strategic Objective(s) supported by this paper:	<table border="1"> <tr> <td>Financial Sustainability</td> <td>Y</td> <td>Empower & Engage Staff</td> <td>Y</td> </tr> <tr> <td>Quality of Care</td> <td>Y</td> <td></td> <td></td> </tr> </table>			Financial Sustainability	Y	Empower & Engage Staff	Y	Quality of Care	Y										
Financial Sustainability	Y	Empower & Engage Staff	Y																
Quality of Care	Y																		
Is this on the Trust's risk register:	<table border="1"> <tr> <td>No</td> <td></td> <td>Yes</td> <td></td> <td>If Yes, Score</td> <td></td> </tr> </table>			No		Yes		If Yes, Score											
No		Yes		If Yes, Score															
Which CQC Standards apply to this report:	Safe, Caring, Effective, Responsive, Well Led																		
Have all implications related to this report been considered: (please X)	<table border="1"> <tr> <td>Finance Revenue & Capital</td> <td>Y</td> <td>Equality & Diversity</td> <td></td> </tr> <tr> <td>National Policy/Legislation</td> <td>Y</td> <td>Patient Experience</td> <td>Y</td> </tr> <tr> <td>Human Resources</td> <td>Y</td> <td>Terms of Authorisation</td> <td>Y</td> </tr> <tr> <td>Governance & Risk Management (BAF)</td> <td>Y</td> <td>Other:</td> <td></td> </tr> </table>			Finance Revenue & Capital	Y	Equality & Diversity		National Policy/Legislation	Y	Patient Experience	Y	Human Resources	Y	Terms of Authorisation	Y	Governance & Risk Management (BAF)	Y	Other:	
Finance Revenue & Capital	Y	Equality & Diversity																	
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Action Required: (please X)	<table border="1"> <tr> <td>Approve</td> <td></td> <td>Discuss</td> <td>Y</td> <td>Receive for information</td> <td>Y</td> <td>Decision</td> <td></td> </tr> </table>			Approve		Discuss	Y	Receive for information	Y	Decision									
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Previously Considered By:	<table border="1"> <tr> <td>Executive Assurance Group</td> <td>Date:</td> <td>19 Sept 2018</td> </tr> </table>			Executive Assurance Group	Date:	19 Sept 2018													
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Recommendations:	The Trust Board of Directors are asked to receive the Integrated Governance Dashboards and note the current position for the areas highlighted in the report.																		

Board of Directors

Integrated Governance Dashboards

26 September 2018

1. Context / Background

Following a detailed review by the Executive Directors, the updated Integrated Governance Dashboards are now attached and reflect our key objectives for 2018/2019, including those supporting greater partnership working.

The review has focussed on the KPI's across each of the sections, to ensure there is a rounded view of the current position and help assess whether performance in one area is affecting that in another.

This has included both updates and amendments to some of the individual indicators and in some cases adjusted thresholds being applied based on a historical view of performance, the outputs from any previous detailed analysis completed where underperformance existed and a consideration if we have reached the optimal opportunity for improvement in areas.

Consideration was also given to the existing suite of more detailed reports that are available on Finance, Performance, Safety, Quality and Workforce to ensure alignment with the updated Dashboards.

Going forward we plan to further develop these reports by benchmarking indicators to sense check our comparable position, reviewing other Trust Board reports and utilising tools such as GIRFT and the Model Hospital. In addition, we are looking to bring together the supporting reports for the areas covered here (i.e. Finance, Performance, Quality, Safety, Workforce) into more of an overall Integrated Board Report approach.

2. Executive Summary

The Integrated Governance Dashboards measure performance against a range of objectives and/or performance indicators, based on key milestones in the Annual Plan or external frameworks.

For most of the objectives or indicators, a rating of either Green or Red is applied based on the position to date against the threshold set. In some cases an Amber rating is applied for reasons such as the objective/indicator area being currently on hold or as an early warning that an area being measured on a quarterly or annual basis is currently behind plan. Items shown in grey are where the reporting period has not yet been completed, where the information supporting this area is being developed or where this is provided for information. Where relevant, supporting comments are made in the column on the right hand side together with trend charts showing the position over the previous 5 quarters or 15 months, depending on the frequency of the measurement period.

The Summary of Overall Performance shows the proportion of indicators that are rated Green for each of the sections, together with the position for Business Development against its objectives for the year. This includes a comparison to the position reported for June and July and also a comparison to August 2017.

Following significant operational demands, the overall position is consistent for most areas in August 2018, with Finance and Performance showing the greatest pressures. Workforce has continued with sustained improvement following the most recent National Staff Survey and Pulse Survey results, both of which are included.

3. Report Headings

Finance and Performance

NHS Improvement Single Oversight Framework – The Governance rating is Amber for August. The Clostridium Difficile and A&E standards both continue being declared risks and there are RTT, 62 Day Cancer and Diagnostics 6 week waiting time standard pressures. There is a potential Governance trigger that could be raised as a result of the current situation.

In addressing our current performance pressures, the corrective action being taken includes;

A&E – A variety of actions, the detail of which are included in the Performance Report, are being progressed both internally and with partners in the Health and Care system. These include a focus on the SAFER bundle, staffing, Mental Health provision, reducing variation and reductions in long stay patients. This is being co-ordinated in conjunction with work ongoing on the system wide progress towards the 9 point Urgent and Emergency care plan, the oversight for which is provided by the A&E Delivery Board.

Diagnostics – There continue to be service pressures for Ultrasound (US) which has over the previous 12 months been a growing modality and we are experiencing capacity pressures. We have arranged additional sessions to help improve the immediate situation and remain on plan to recover performance by September, in line with our recovery plan agreed with NHS Improvement;

Cancer - The main reason for not achieving the standard was a high number of breaches with a large proportion related to capacity issues in either clinics or diagnostics. There are pressures in Urology with a plan already in place to increase our capacity in this specialty that the Board have approved. We have also requested some support from the NHS Improvement Intensive Support Team. Due to the ongoing pressures with 62 day cancer performance, the Chief Operating Officer has implemented additional performance management meetings with the relevant specialities which will take place every fortnight and also initiated a Cancer Recovery Plan.

Care Quality Commission – The Foundation Trust Care Quality Commission Inspection Report shows Requires Improvement and so the rating is showing red. The Trust has for some time been working through its Quality Improvement Plan in response to areas requiring further work and is due to be inspected again for Core Services, Use of Resources and Well-Led through November and December.

Finance Risk Ratings – The overall Financial Use of Resources Risk Rating for August is 3.0, in line with the position expected in the Annual Plan. As noted previously, there are pressures on CIP delivery, bank and agency expenditure. The underlying position is showing a deficit of £1,629k as at August 2018, although this is improving. Weekly financial recovery meetings are currently taking place with our Clinical Groups and Executive Directors to focus on progress in delivering our activity income plan, staff expenditure and Cost Improvement Plans.

Operational Pressure – The operational demand pressures continued in August and can be seen through the continued escalation beds opened and occupied. We have for significant periods over the past few months been at Operational Pressure and Escalation Level (OPEL) 2 to 3 which requires instigating Silver Command. This is due to increased A&E attendances and admissions, acuity and patients who have delays in their discharge arrangements. As a result there have been at times significant escalation beds opened and in addition we have had to use a number of super surge beds for weeks rather than odd days.

Theatre Utilisation – This was below threshold in August, the first time this has happened since the same month in the previous year. This period is historically affected by Annual Leave and whilst lists are filled and continue to run, the amount and type of work can vary depending on the seniority of the clinical team covering. It should be noted that all elective activity through Theatres 1 to 6 in August was up (from a total of 514 in July to 565 in August), so although the utilisation percentage was reduced, the number of procedures increased due to the case mix. This utilisation percentage is expected to be corrected in September.

Long Stay Patients – We continue to make progress in reducing patients with a length of stay over 21 days and achieving the national ambition of a 25% reduction by December 2018, but this requires continued work with partners across the system to help deliver.

Outpatient Follow Up Appointments – We continue to make some progress in reducing Outpatient follow up appointments through our Outpatient Improvement Plan. This however remains a challenge to delivering the national ambition in full. We are engaging with a variety of stakeholders across Bradford and Airedale through the Planned Care Steering Group to further progress this work as it requires a system level response to supporting different models of care for managing patients once discharged.

Waiting Times – Our Outpatient waiting times are continuing to increase with increasing specialty pressures in ENT, Ophthalmology, Neurology and Paediatrics. Overall our Outpatient activity however is above plan and we have also experienced an increase in referrals for the year to date, so we have recently engaged with our Commissioners on options to potentially complete additional work to reduce these. The Board shall be aware from the Performance Report, of an increasing focus from both NHS Improvement and NHS England around the total waiting list size.

Outpatient DNA Rates – In August this was 8.1% The nationally benchmarked average is between 7% and 8% which we are consistently in line with. Further work through the Right Care programme, shall help continue progress this, through initiatives such as text reminders being forwarded for appointments.

Safety, Quality, Patient Experience and Clinical Outcomes

Care Quality Commission Regulation – The Foundation Trust has received a Regulation 28 Notice Summons under Regulation 12(1) & 22 Health and Social Act from the Care Quality Commission, regarding a Serious Incident in Critical Care from 2016. A written response is currently being compiled and we have also requested an external assessment of our actions to date

Never Event – Regrettably there was one Never Event in August for Wrong Site Surgery. A full investigation is taking place and shall be reported on when complete.

Complaints – The period of prolonged low numbers continued with two recorded complaints in August. As noted previously the Quarter 3 level was the lowest recorded since we introduced the Integrated Governance Dashboards in 2012/2013 and this continued into Quarter 4 and the early part of 2018/2019 with a rate half that of the same period the previous year.

Staff Engagement and Workforce Development

Where relevant, and as indicated on the report, the Quarter 4 performance shown is based on the results from the **National Staff Survey**. Positive results in this covered a number of areas including Staff reporting; Receiving an annual appraisal, Indicating they had a well structured appraisal, Satisfied with the level of support from their immediate line manager, Good overall engagement, Staff recommending the Trust, Job Satisfaction and Motivation.

The most recent reports shown are based on the **Pulse Survey** completed;

Stress – The objective regarding reducing stress has reduced slightly in August and is above threshold. Further details regarding the approach to managing Sickness Absence are included below.

Freedom To Speak Up cases – Details regarding the number of freedom to speak up cases is now included.

Sickness Absence – Updated monthly stretch targets have now been applied for 2018/2019. The August position is above the planned threshold of 3.5% at 4.2%, although this has still reduced from a peak of 5.3% in January. The higher proportion of the reported August 2018 rate relates to long term absence. For both long and short term absence the main reasons are Mental Health and MSK problems. Short term absence has also been affected by Gastrointestinal illness.

Whilst factors including increased demand and school holidays dates can be attributed to some level of increased absence, absence is at a higher rate than expected.

In August 2018 the number of Mental Health related absence cases increased with 49 cases of absence being recorded. Support in relation to Mental Health related absence from line managers and the day one service, provided by Employee Health and Wellbeing, continues to be in place. The newly qualified Mental Health First Aiders will be providing training to line managers over the coming months on how to support colleagues with their Mental Health.

Strategies continue to be deployed to manage health, wellbeing and attendance and reduce absence across the Trust. These include the HR Case Manager and HR Advisors providing regular absence updates and one to one coaching. Skills for Great Line Management – Managing Health, Wellbeing and Attendance training also takes place on a monthly basis.

Management of all short and long-term periods of sickness absence continues to be supported by utilising Employee Health and Wellbeing advice, counselling support via the Employee Assistance Programme, therapies from the Occupational Therapist and Remploy.

Leaver Turnover Rate – The position in August was 11.77% and achieved the threshold of being less than 12.9%. The average leaver turnover rate nationally for Small Acute Trusts is 11.20%.

Reduction in work pressure felt by staff – This was rated Green in the National Staff Survey and has continued to improve further in the most recent Pulse Survey.

Vacancy Rate – The vacancy rate in August reduced to 5.6%. This calculation for this is based on budgeted WTE v actual WTE, however it should be noted there are some items that can affect how the overall rate appears (e.g. how winter monies are profiled, how staff involved in partnership working are counted). A new intake of apprentices took up post in July and were absorbed into the Healthcare Support Worker vacancies, helping reduce the overall rate. The highest proportions of vacancy in August were for Nursing staff. There are new nurses taking up post in September which should reduce the Registered Nurse vacancy rate.

Elapsed Time To Fill Vacancies – These improved in August and were below threshold at 11 weeks and 2 days. Work continues to focus on reducing this to being 12 weeks or below consistently. We are currently reviewing the recruitment process to look at further ways to support managers ensure new starters are joining the Trust without any delays. We are now live with the Trac recruitment system and should be in a position to report directly from Trac in October/November when there will be three months of data available. This shall highlight areas that require further support.

Mandatory Training – As a result of the new threshold to work towards a 90% level, the Foundation Trust is now below the new planned achievement level at 84.9%, however this has generally improved over the previous few months. As PDR's are completed, these levels are expected to increase as this is a core part of the review process.

4. Conclusions

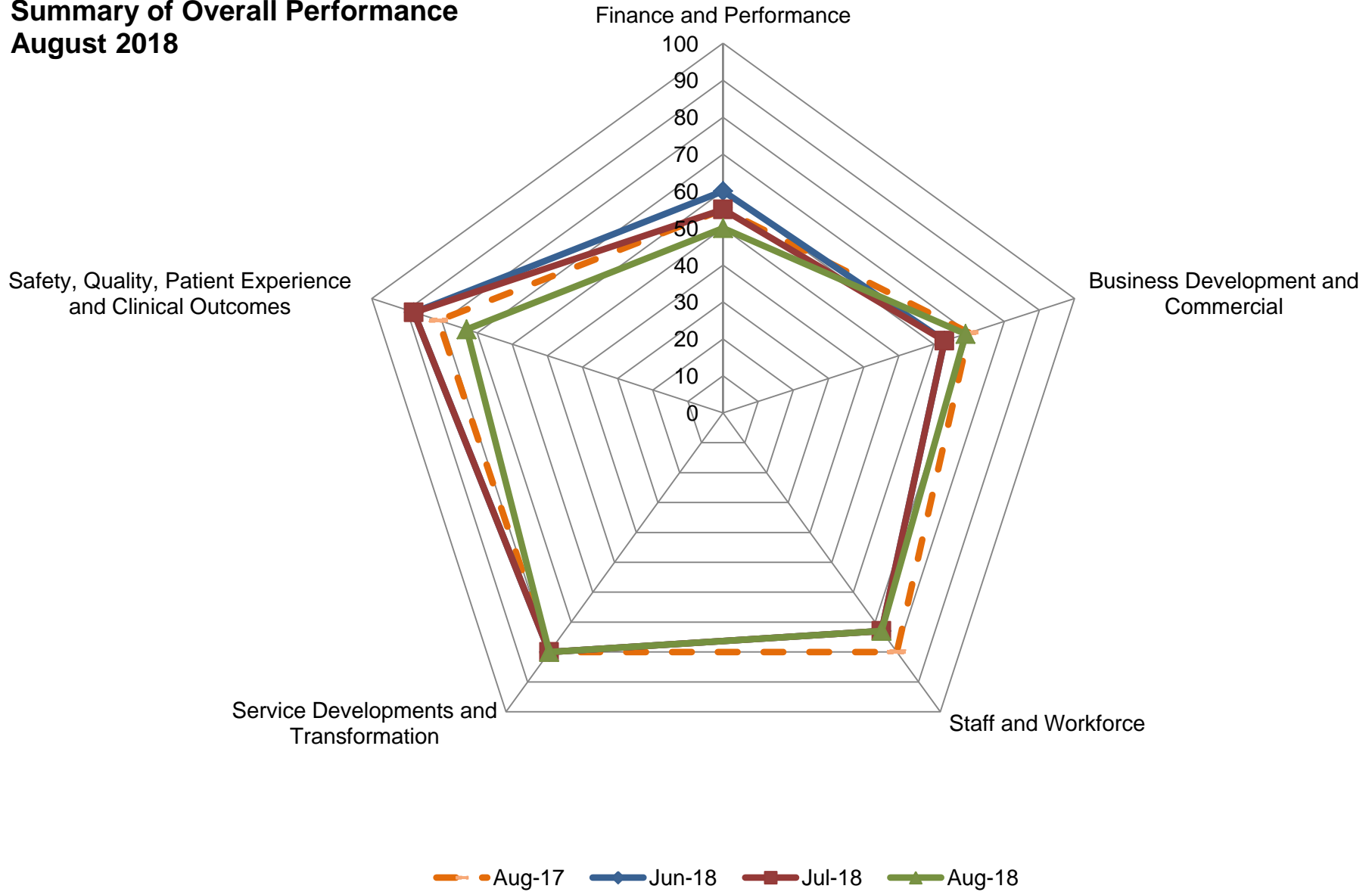
These are highlighted in Section 2.

5. Recommendations

The Trust Board of Directors are asked to receive the Integrated Governance Dashboards and note the current position for the areas highlighted in the report.

Airedale NHS Foundation Trust
Integrated Governance Dashboards

Integrated Governance Dashboards
Summary of Overall Performance
August 2018



Finance & Performance

		2017/18															2018/19							Trend (Previous 5 Quarters or 15 Months)
Indicator		Green	Red	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Notes			
Regulatory	NHS Improvement Single Oversight Framework Finance Rating	1 or in line with Plan (from September 2016)	>=3 or not in line with Plan (from September 2016)	Liquidity Ratio 1.0 Capital Service Capacity 4.0 Use of Resources Rating 3.0			Liquidity Ratio 2.0 Capital Service Capacity 2.0 Use of Resources Rating 2.0			Liquidity Ratio 2.0 Capital Service Capacity 1.0 Use of Resources Rating 1.0			Liquidity Ratio 1.0 Capital Service Capacity 1.0 Use of Resources Rating 1.0 (March to be confirmed)			Liquidity Ratio 1.0 Capital Service Capacity 4.0 Use of Resources Rating 3.0			Liquidity Ratio 1.0 Capital Service Capacity 4.0 Use of Resources Rating 3.0		Pressures around CIP delivery, bank and agency costs and income through undertrades. Underlying deficit £1,629k as at August 2018			
	NHS Improvement Single Oversight Framework Governance Rating	Green	< Green	Amber			Amber			Amber			Amber			Amber			Amber		A&E 4 Hour Standard and Clostridium Difficile declared risks. RTT, A&E, 62 Day Cancer Standard and Diagnostics 6 week standard pressures. Potential Governance trigger			
	Care Quality Commission Registration	No restrictions	Restrictions	Inspection Report: Requires Improvement Rating, Enhanced Monitoring			Inspection Report: Requires Improvement Rating.			Inspection Report: Requires Improvement Rating.			Inspection Report: Requires Improvement Rating.			Inspection Report: Requires Improvement Rating.			Inspection Report: Requires Improvement Rating.					
CGO Contract	Performance & Quality Schedule Indicators	No Notices	Performance Notices	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	CQUINS	>85%	<85%	96%			96%			96%			96%			87%			Work Ongoing					
Annual Plan Key Milestones / Key Operational Metrics	Beds	For Information	For Information	363	363	359	359	359	361	360	360	358	358	358	358	352	352	352	351	351				
	Total Escalation Beds Opened and Occupied (Average)	<10	>10	11	18	12	4	4	9	8	17	17	38	34	24	26	19	12	17	18				
	Theatre Time Utilisation	>85%	<85%	90.9%	91.3%	88.9%	93.1%	83.3%	92.3%	89.3%	92.0%	87.8%	88.5%	88.7%	88.1%	92.7%	89.3%	88.4%	83.3%					
	Bed Occupancy	>85% to <95%	<85% or >95%	95.0%	94.5%	93.4%	88.3%	85.0%	88.5%	90.0%	95.3%	93.5%	97.2%	96.8%	93.0%	90.4%	93.4%	90.1%	90.6%	91.5%	Based on all core beds (includes Paediatrics)			
	Bed Occupancy (Adults)	>85% to <95%	<85% or >95%	98.8%	98.5%	96.1%	90.8%	87.8%	91.5%	93.3%	98.1%	96.3%	99.9%	99.8%	96.4%	94.1%	95.7%	92.5%	93.9%	94.6%				
	Bed Occupancy (Children)	>85% to <95%	<85% or >95%	39.4%	39.9%	46.7%	52.4%	44.5%	50.3%	54.2%	60.1%	58.5%	51.3%	59.8%	50.8%	43.9%	59.2%	49.0%	41.3%	45.5%				
	Average Length Of Stay (Non-Elective)	<4.3	>4.3	4.6	4.5	4.5	4.4	4.2	4.0	4.1	4.0	3.9	4.6	4.2	4.0	4.8	4.2	3.9	4.2	4.2	Threshold based on 12 month average			
	Average Length Of Stay (Elective)	<2.5	>2.5	3.0	2.8	2.5	2.6	2.6	2.3	2.7	2.4	2.7	2.2	2.1	2.4	2.4	2.9	2.4	2.3	2.3	Threshold based on 12 month average			
				57	57	57	57	57	57	57	57	57	57	56	55	54	52	51	50	48	47			
	Patients LOS Over 21 Days	< Trajectory (25% reduction by Dec 2018)	> Trajectory (25% reduction by Dec 2018)	56	58	59	61	62	48	50	50	59	54	65	63	71	59	65	63	63	57	Threshold to achieve 25% reduction by December 2018		
	Non-Elective Activity	>2334	<2334	2485	2272	2147	2216	2119	2240	2406	2398	2332	2444	2200	2418	2273	2507	2266	2537	2337	Threshold based on 12 month average			
	Inpatient/Day Case Elective Activity	>2286	<2286	2014	2302	2349	2291	2360	2155	2413	2458	2133	2372	2104	2295	2343	2466	2651	2736	2836	Threshold based on 12 month average			
	First Outpatient Activity	>3105	<3105	2520	3030	3395	3161	3312	3103	3347	3422	2723	3298	2756	3098	3189	3438	4016	3151	3211	Threshold based on 12 month average			
				7688	7688	7688	7688	7688	7688	7688	7688	7688	7688	7688	7688	7688	7496	7304	7112	6920	6728			
	Follow Up Outpatient Activity	<Trajectory	>Trajectory	6624	7788	7939	7266	7799	7636	8172	8939	6549	8327	6919	7490	7586	8393	8331	7234	7046	Threshold to meet 30% reduction in follow ups			
	A&E Attendances	Up to 5750	>5750	5318	5764	5424	5778	5225	5538	5553	5411	5878	5420	4770	5509	5532	6312	5743	6097	5784	Threshold based on attendance levels where 95% standard met			
Inpatient / Day Case Average Waiting Time (Weeks)	<6.2	>6.2	7.1	6.9	6.1	6.2	6.1	6.3	6.1	5.2	6.1	6.2	5.9	5.8	6.0	4.9	4.6	4.4	4.7	Threshold based on 12 month average				
Outpatient Average Waiting Time (Weeks)	<8.8	>8.8	8.7	8.9	8.9	8.9	9.2	9.0	8.5	8.6	9.1	9.1	9.0	9.0	9.1	9.6	9.6	10.5	10.1	Threshold based on 12 month average				
Outpatient DNA Rate	<6%	>6%	6.4%	6.4%	6.2%	7.1%	6.7%	7.1%	7.2%	6.9%	8.4%	6.7%	7.0%	8.1%	6.9%	7.1%	7.0%	7.2%	8.1%	National Benchmark is between 7% and 8%				

Safety, Quality, Patient Experience and Clinical Outcomes

Indicator	2017/18		2018/19												Notes	Trend (Previous 5 Quarters or 15 Months)					
	Green	Red	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Apr	May	Jun	Jul	Aug
Were you involved as much as you wanted to be in decisions about your care and treatment?	>73	<73	94%	95%	94%	95%	96%	96%	98%	97%	99%	96%	95%	96%	99%	99%	99%	99%	TBC		
Did you feel you were treated with respect and dignity whilst you have been in hospital?	>95	<95	97%	99%	100%	100%	100%	99%	99%	100%	100%	97%	100%	98%	100%	100%	99%	97%	TBC		
Would you recommend the hospital to your Family and Friends?	>94%	<94%	96.6%	95.5%	97.0%	91.2%	96.6%	97.2%	97.7%	96.2%	95.6%	98.3%	94.9%	98.4%	98%	98%	98%	TBC	TBC		
Regulation 28	0	>1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Mortality	For information	For information	Total number of inpatient deaths 155 No of deaths reviewed 57 Number of neonatal deaths 0 Stillbirths 1 Maternal deaths zero All reviewed deaths were deemed unavoidable			Total number of inpatient deaths 164 No of deaths reviewed 34 Number of neonatal deaths zero Stillbirths 1 Maternal deaths zero All reviewed deaths were deemed unavoidable			No of inpatient deaths 171 No of deaths reviewed 38 Stillbirth 1 Maternal deaths 0 All reviewed deaths were deemed unavoidable			No of inpatient deaths 161 No of deaths reviewed 54 Stillbirth 0 Maternal deaths 0 All reviewed deaths were deemed unavoidable			No of inpatient deaths 158 No of deaths reviewed 58 Stillbirth 1 Maternal deaths 0 All reviewed deaths were deemed unavoidable			TBC			
SHMI	<1	>1	0.93			0.97			0.97			0.98			0.98			0.98	Updated Information. Within Expected Range		
SSNAP Data	<B	E	D			D			D			D			D			D			
SSNAP Score	TBC	TBC	42			46			46			45			45			45			
NICE Guidance / TAGs within 90 days	0	>0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Partially compliant TA's reviewed through risk management process
CAS Alerts Outstanding	0	>0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Falls Resulting in Significant Harm	For information	For information	4			13			18			6			13			TBC			
Pressure Ulcers Category 3 and 4 (Hospital and Community Acquired)	For information	For information	19			18			21			5			14			TBC			
Serious Incidents Requiring Investigation	For information	For information	0	10	1	7	1	1	0	5	1	4	3	1	0	3	1	0	4		
Unexpected death	0	>0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Never Events	0	>0	0	1	0	0	0	0	0	0	0	0	0	1	0	2	0	0	0	1	
Obstetrics - Stillbirth or Unexpected Death	0	>0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	1	
Complaints	<6	>6	8	3	5	6	9	9	4	2	2	2	4	5	6	2	8	7	2		
Coding Data Quality Index	>94.96	<94.96	96.91						97.36												Based on CHKS Data Quality Coding Report
PALS Issues Raised	Monitoring	Monitoring	160	175	177	144	89	87	95	92	70	97	122	94	110	80	82	83	95		
Compliments	Monitoring	Monitoring	212	175	125	193	193	157	230	102	220	253	236	315	345	125	143	192	146		

Airedale (NHS) Foundation Trust
Integrated Governance Reporting

Staff Engagement & Workforce Development

		2017/2018											2018/2019						Trend (Previous 5 Quarters or 15 Months)	Comment	
Indicator	Green Red	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug			
Great Line Management	Staff receiving annual appraisal	>85% <85%	89.7%			89.8%			91.0%			92.9%			95.5%			95.5%			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4
	Staff saying they had well structured appraisal	>38% <35%	47.9%			48.2%			3.15			38.2%			47.7%			47.7%			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4
	Staff satisfied with support from immediate line manager	>3.7 <3.6	3.93			4.04			3.75			4.00			4.09			4.09			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4
Engaged Workforce	Engagement Index	>3.8 <3.73	3.97			3.97			3.85			4.00			4.02			4.02			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4
	Sickness Absence Rate	Updated Profile April 2016 < Profile > Profile	3.4%	3.3%	3.7%	3.8%	4.1%	3.9%	4.4%	4.1%	4.2%	3.9%	3.4%	3.3%	3.4%	3.6%	3.8%	3.9%	3.5%		Updated stretch targets from April 2017
	Number of staff citing stress as reason for absence	<28 >40	44	53	50	54	49	58	62	67	59	54	50	46	42	38	48	56	54		
	Freedom to speak up cases raised	TBC TBC	6	6	15	21	11	4	2	5	8	26	7	10	1	3	5	7	4		
	Staff recommending the Trust as a place to work or receive treatment	>3.8 <3.65	4.03			4.02			3.80			4.06			4.03			4.03			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4
	Staff Job Satisfaction	>3.7 <3.62	3.89			3.90			3.94			3.98			4.03			4.03			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4
	Staff Motivation at Work	>3.9 <3.83	3.99			4.00			3.94			3.98			4.01			4.01			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4
Effective Resourcing	Leaver Turnover Rate	<12.9% (Updated October 2015) >13.9% (Updated October 2015)	10.34%	10.36%	10.54%	10.85%	11.09%	11.20%	11.24%	11.24%	11.30%	11.55%	11.57%	12.26%	12.35%	12.06%	11.77%	11.77%	11.77%		
	Reduction in work pressure felt by staff	<2.9% >3.18%	2.99%			2.95%			3.25			2.82			2.76			2.76			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4
	Vacancy Rate	3% to 5% >9%	6.6%	7.8%	8.6%	7.3%	4.3%	6.6%	6.9%	6.8%	7.2%	6.7%	5.7%	6.4%	5.0%	8.6%	8.0%	7.2%	5.6%		
	Elapsed time to fill vacancies from advert to appointment (Median)	11 to 12 weeks >12 weeks	13 weeks	14 weeks 6 days	15 weeks 4 days	11 weeks 6 days	12 weeks 1 day	15 weeks 2 days	13 weeks 2 days	11 weeks 6 days	10 weeks 6 days	12 weeks	12 weeks	10 weeks 4 days	12 weeks	12 weeks	13 weeks 4 days	12 weeks 6 days	11 weeks 2 days		
	Mandatory Training Overall Compliance	>90% (Updated April 2016) <80% (Updated April 2016)	84.9%	85.2%	84.8%	84.8%	85.0%	84.4%	84.3%	83.4%	81.5%	81.6%	82.0%	81.6%	82.8%	83.3%	83.9%	84.2%	84.9%		
Staff saying learning and development help them do their job more effectively	>65% <65%	73.5%			68.4%			85.0%			64.3%			68.8%			68.8%			National Staff Survey Results Quarter 3, Pulse Survey Results Quarter 4	